

*Prevea/HSHS is processed at out of network benefit

HEALTH COVERAGE ALTERNATIVES

Provider Network/Plan Type	 Traditional		 High Deductible	
	Focused (Bellin/Aurora)	Broad (Bellin/Aurora/Ascension)	Focused (Bellin/Aurora)	Broad (Bellin/Aurora/Ascension)
Deductible				
In-Network (Single / Family)	\$500 / \$1,000	\$500 / \$1,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Out-of-Network (Single / Family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Coinsurance				
In-Network	100%	100%	100%	100%
Out-of-Network	50%	50%	50%	50%
Out-of-Pocket Max	<i>Includes Deductible</i>	<i>Includes Deductible</i>	<i>Includes Deductible</i>	<i>Includes Deductible</i>
In-Network (Single / Family)	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Out-of-Network (Single / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$12,000 / \$24,000	\$12,000 / \$24,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Office Visits				
In-Network	\$30 Copay	\$30 Copay	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins
Specialist				
In-Network	\$60 Copay	\$60 Copay	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins
Routine/Preventive Care				
In-Network	100% Coverage	100% Coverage	100% Coverage	100% Coverage
Out-of-Network	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins
Inpatient Hospital Services				
In-Network	Ded, 100% Coins	Ded, 100% Coins	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins
Outpatient Hospital Services				
In-Network	Ded, 100% Coins	Ded, 100% Coins	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins
Urgent Care				
In-Network	\$50 Copay	\$50 Copay	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	\$50 Copay	\$50 Copay	Ded, 100% Coins	Ded, 100% Coins
Emergency Room				
In-Network	\$200 Copay	\$200 Copay	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	\$200 Copay	\$200 Copay	Ded, 100% Coins	Ded, 100% Coins
Prescription Drugs - In-Network				
Tier 1 / Tier 2 / Tier 3	\$10 / \$30 / \$60 / \$60	\$10 / \$30 / \$60 / \$60	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network				
Mail Order Prescription Drugs				
Tier 1 / Tier 2 / Tier 3	\$20 / \$60 / \$120 / \$120	\$20 / \$60 / \$120 / \$120	Ded, 100% Coins	Ded, 100% Coins
Rates	Full Premium Cost	Full Premium Cost	Full Premium Cost	Full Premium Cost
Single	\$929.62	\$985.40	\$777.85	\$824.52
Family	\$2,104.75	\$2,231.04	\$1,761.13	\$1,866.79
Employee Cost (with favorable HRA)	Employee Cost (Per Month)	Employee Cost (Per Month)	Employee Cost (Per Month)	Employee Cost (Per Month)
Single	\$146.88	\$202.66	\$122.90	\$169.57
Family	\$332.55	\$458.84	\$278.26	\$383.92